

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	10-728,407	FILING DATE
APPLICANT(S)		

Best Available Copy

186

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/728407 FILING DATE _____
APPLICANT(S) _____

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/									
2	/									
3	/									
4	/									
5	/									
6	/									
7	/									
8	3		3		3					
9	3		3		(3)					
10	3		3		3					
11	3									
12	3									
13	3									
14	1									
15	/									
16	/									
17	/									
18	/									
19	/									
20	/		1		1					
21	/		1		1					
22	2		1		1					
23	3		3		3					
24	2		3		3					
25										
26										
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44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	4		4		4					
TOTAL DEP.	36	←	30	←	30	←				
TOTAL CLAIMS	40		34		36					
100										